Confirmation No.: 6040

| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | |
|---|----------------------|--|
| Attorney Docket No.: 041-0084 Motorola Docket No: CE00532UM | In re Application of | BENSON, M. |
| | Application Number | 10/696,042 |
| | File Date | October 29, 2003 |
| | Title | METHOD AND APPARATUS FOR ESTABLISHING DIRECT COMMUNICATION FOR MOBILES IN A RADIO COMMUNICATION SYSTEM |
| | Art Unit | 2617 |
| | Examiner | Rampuria, S. |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(| 1)) | \$ 500.00 |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | |
| A check in the amount of the fee is enclosed. | | |
| X Payment by credit card. | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any over payment to Deposit Account Number 50-4082 | | |
| A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the | | |
| applicant/inventor. | _/Matth | ew Loppnow/ Signature |
| assignee of record of the entire interest. | | Signature |
| See 37 CFR 3.71. Statement under 37 CFR 3.73 enclosed (Form PTO/SB/96) | 3(b) isN | MATTHEW C. LOPPNOW |
| | | Typed or printed name |
| X attorney or agent of record. | | 443-569-0776 |
| Registration number 45,314 | | Telephone number |
| Attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.3 | 4(a). | August 1, 2007 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| X * Total of 1 forms are submitted. | | · · · · · · · · · · · · · · · · · · · |